



NEWBORN CARE

FIELD ASSESSMENT/TREATMENT INDICATORS

Field delivery with or without complications.

BLS INTERVENTIONS

1. When head is delivered, suction mouth then the nose, and check to see that cord is not around baby's neck.
2. Dry infant and provide warm environment. Prevent heat loss (remove wet towel).
3. Place baby in supine position at or near the level of the mother's vagina. After pulsation of cord has ceased double clamp cord at approximately 7" and 10" from baby and cut between clamps.
4. Maintain airway, suction mouth and nose.
5. Provide tactile stimulation to facilitate respiratory effort.
6. Assess breathing if respirations <20 or gasping, provide tactile stimulation and assisted ventilation if indicated.
7. Circulation:
 - a. Heart Rate <100 ventilate BVM with 100% O₂ for 30 seconds and reassess. If heart rate is still <100/min, begin CPR with ventilations at a 3:1 ratio of compressions to ventilations (approximately 100 compressions and 30 ventilations/min).
 - b. If available, utilize Waveform Capnography to assess efficacy of compressions and ventilations.
8. If central cyanosis is present, utilize supplemental O₂ at 10 to 15L/min using oxygen tubing close to infant's nose and reassess. If no improvement is noted after thirty (30) seconds assist ventilation with BVM.
9. Obtain Apgar scoring at one (1) and five (5) minutes. Do not use Apgar to determine need to resuscitate.

APGAR SCORE

SIGN	0	1	2
Heart Rate	Absent	< 100/minute	> 100/minute
Respirations	Absent	<20/irregular	>20/crying
Muscle Tone	Limp	Some Flexion	Active Motion
Reflex Irritability	No Response	Grimace	Cough or Sneeze
Color	Blue or pale	Blue Extremities	Completely Pink

ALS INTERVENTIONS

1. Obtain vascular access via IV/IO if indicated.
2. Consider advanced airway per Protocol Reference #10040 if BVM is ineffective or tracheal suctioning is required. Place orogastric tube after advanced airway is in place. Reassess placement after every intervention.
3. Obtain Blood Glucose by heel stick, if <35 hypoglycemic, give D25 0.5gms/kg IV.
4. Evaluate airway for hypoxemia and assess body temperature for hypothermia then consider Epinephrine 0.01mg/kg IV/IO (1:10,000) if Heart Rate <60 after one (1) minute.
5. Contact Base Station if hypovolemia is suspected. Base Station may order 10ml/kg IV NS over 5 minutes. If unable to contact Base Station and transport time is extended give 10ml/kg IV NS over 5 minutes, may repeat.
6. For persistent hypotension despite adequate ventilation and fluid resuscitation, Base Station may order Epinephrine 0.005mg/kg (1:10,000) IV/IO every 10 minutes. If unable to contact Base Station and transport time is extended give indicated dosage and contact Base Station as soon as possible (PALS dose is >0.003mg/kg (1:10,000) IV/IO for pressor dosage. No change to above dosage.